(Dr Sleitz)

04431

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(9ia)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH

County Pro Georges Co

City or town Hyattsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 56 Columbia Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Pro Geo Co

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 56 Columbia Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME George W. Anderson

3. (b) Social Security Number No

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cora A. Anderson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 20, 1879

8. AGE: Years 60 | Months 10 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D C (Town, county, and state)

10. Usual occupation: Carpenter & Builder

11. Industry or business

FATHER

12. Name: Mason B Anderson

13. Birthplace: Washington D C

MOTHER

14. Maiden name: Amanda Young

15. Birthplace: unknown

16. Informant: Mrs Cora A. Anderson

Address: 56 Columbia Ave Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 5, 1940 (month) (day) (year)

Cemetery or crematory: Glenwood Cemetery

Location: Washington D.C.

18. Funeral director: F Gasch's Sons

Address: Hyattsville Maryland

19. April 4 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1936, to April 2 1940, and that I last saw him alive on 3-31-40 19____

Immediate cause of death: Myocardial insufficiency — DURATION: 3 m

Due to: Aortic insufficiency — 4 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Q. Sleitz M.D. M. D. or other

Address: Hyattsville Md Date signed 4-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

04432

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince George's

City or town Fairmount Heights, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6002 - Addison Chapel Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georg

City or town Fairmount Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6002 Addison Chapel Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Bailey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Col	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1940

8. AGE: Years | Months | Days | If less than one day: hrs. 0 min.

9. Birthplace Fairmount Heights, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name Martin G. Bailey

13. Birthplace Fort Scott, Kansas

MOTHER

14. Maiden name Florence M. Bass

15. Birthplace Jacksonville, Fla.

16. Informant Mrs. Florence Bailey

Address Fairmount Hgts, Md.

17. cremation Date thereof 4-1-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

~~Cemetery or~~ crematory Fairmont Heights, Md.

~~Location~~

18. Funeral director Martin G. Bailey, Father

Address 6002 ~~Chapel~~ Addison Chapel Rd.

19 Apr. 1 — 1940 Irene A. Bowser
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1940 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

on April 1, 1940 to 19

and that I last saw h alive on 1, 1940 19

Immediate cause of death	DURATION
Still Birth	
Due to Toxemia of	
Due to Pregnancy of mother	
Other conditions Acute Nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harrison C. Belden M.D.
M. D. or other

Address Fairmount Hgts, Md. Date signed 4-1-40

RECEIVED
MAY 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04433

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sacred Heart Home

Stay in hospital or inst. (yrs., or mos., or days): 4 months

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Mont.

City or town: Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R F D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: William A. Bean

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 29, 1869

8. AGE: Years	Months	Days	If less than one day
70	10	26	hrs. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business:

FATHER: 12. Name: Asbury Bean

13. Birthplace: Md.

MOTHER: 14. Maiden name: Mary E. Barnes

15. Birthplace: Washington D.C.

16. Informant: Deceased

Address:

17. removal (Burial, cremation, or removal. Which?) Date thereof: 4-27-40 (month) (day) (year)

Cemetery or crematory: Silver Springs

Location: Md

18. Funeral director: Warner E. Pumphrey

Address: Silver Springs, Md

19. April 27 1940 (Date rec'd by registrar) Mrs. Jas Severe Deputy Sgt. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27 1940, at 10 30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 27 1940 and that I last saw him alive on April 26 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: April 20, 1940

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Thomas E. Mattingly MD M. D. or other

Address: 2200 R.I. ave N.E. D.C. Date signed: 4/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04434

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 26 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1829 Capitol Ave N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR MD

3. (a) FULL NAME Harris Bell

3. (b) Social Security Number None given

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

B (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4th 1922

8. AGE:

Years	Months	Days	If less than one day
17	9	6	hrs. min.

9. Birthplace Macon Georgia
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name John Bell
13. Birthplace Georgia

MOTHER
14. Maiden name unknown
15. Birthplace Georgia

16. Informant Deceased
Address 1829 Capitol Ave N.E. Washington

17. Removal Date thereof 4/11/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director George B. Clark

Address 1416 Florida Ave. n.e. Wash. D.C.

19. April 11 19 40 L. V. Almeida M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th 1940, at 12:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15th 1940, to April 10th 1940, and that I last saw h alive on April 10th 1940.

	DURATION
Immediate cause of death	
Pulmonary Tuberculosis	3 mos 10 days
Due to	
Peritonitis Tuberculous.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pincare M.D.
M. D. or other

Address Glenn Dale Sanatorium Date signed

Glenn Dale, Md.

RECEIVED
MAY 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04435

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (1314)

County Prince George's Registration Dist. No. 236

Village or City Mitchellville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Effie Blake If U. S. Veteran, specify WAR

(a) Residence: No. Mitchellville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of: Richard E. Blake

6. DATE OF BIRTH (month, day, and year) June 5 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sothian Md

FATHER

13. NAME: Geo A. Joner

14. BIRTHPLACE (city or town) (State or country): Sothian Md

MOTHER

15. MAIDEN NAME: Frances A. Ward

16. BIRTHPLACE (city or town) (State or country): Sothian Md

17. INFORMANT (Address): Richard E. Blake Mitchellville, Md

18. BURIAL, CREMATION, OR REMOVAL: Mitchellville, Md. Date 4/29 1940.

19. UNDERTAKER (Address): Tibbs Bros. Upper Marlboro, Md.

20. FILED 4/27 1940 Effie B. Pumphrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 26 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1938 to April 26 1940

I last saw her alive on April 26 1940; death is said to have occurred on the date stated above, at 5:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1940
Other Contributory Causes of Importance:	
Nephritis	1930
Arteriosclerosis	1930

Name of operation: None Date of: —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: None

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James F. Jancer M. D.

(Address) R.F.D. Upper Marlboro, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04436

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town (If outside city or town limits, write RURAL NEAR and give town): Rural Near Glenn Dale
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 3 mo. 12 days
Stay in this community (yrs., or mos., or days): 2 yrs. 3 mo. 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1258-4th Street S.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Catherine Brouwer

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife: unknown
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 8, 1908

8. AGE:

Years	Months	Days	If less than one day
31	6	26	hrs. min.

9. Birthplace: Charles County, Md. (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business

FATHER
12. Name: Isaiah Smith
13. Birthplace: Md.

MOTHER
14. Maiden name: Mamie Clark
15. Birthplace: Md.

16. Informant: Deceased
Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 4-5-40 (month) (day) (year)
Cemetery or crematory: morgue
Location: Washington D. C.

18. Funeral director:
Address: Washington D. C.

19. 4-5- 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 4 1940 at 12:01 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 1937, to Apr. 4 1940, and that I last saw her alive on Apr. 4, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 yrs 6 m 16 d

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury — Injured at work?

23. SIGNATURE: David Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed:
Glenn Dale, Md.

RECEIVED
MAY 2 1940
BUREAU V. S.

04437

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-C

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Prince George

City or town Huntsville, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Huntsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Edward Chase

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Fannie Wilson

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb. 6 1874

8. AGE: Years 66 Months 1 Days 25 If less than one day ___ hrs. ___ min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Plastering-Kalsomining

11. Industry or business Building

FATHER 12. Name Charles Chase

13. Birthplace Unknown

MOTHER 14. Maiden name Margaret Hobbs

15. Birthplace Unknown

16. Informant Mrs. Fannie Chase

Address Box 70 - Landover, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4 1 40 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director John T. Stewart

Address 30 "H" St. N.E. Wash. D.C.

19. 4-1- 1940 (Date rec'd by registrar) Thos. D. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1940 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1940 to April 1, 1940 and that I last saw him alive on April 1, 1940

Immediate cause of death: Chronic Interstitial Nephritis — DURATION 5 yrs

Due to Hypertension — 3 yrs

Due to Hypertensive heart — 2 yr

Other conditions disease.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harrison C. Beldon M.D. M.D. or other

Address Fairmount Hts. Date signed 4-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1940
U. S.

04438

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Prince George Co.

City or town Suitland Road, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bennings D.C. N #1

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 6 Mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Vermont County

City or town Brattleboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Della Maria Childs

3. (b) Social Security Number

4. Sex: Fem
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ Rollin S Childs Deceased. 8(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1860.

8. AGE: Years 79 | Months 6 | Days 3 | If less than one day hrs. min.

9. Birthplace Wilmington, Vt.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name William D Miller
13. Birthplace Wilmington, Vt.

MOTHER
14. Maiden name Maria - ? -
15. Birthplace Marlboro, Vt

16. Informant Vern H Winchester (Son)
Address Brattleboro, Vt.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4-10-1940 (month) (day) (year)

Cemetery or crematory Washington D.C.

Location

18. Funeral director Chas S. Nurhorst Inc
Address 301 - East Capital St.

19. 4-10-1940 (Date rec'd by registrar) Thos D Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 12.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7 1940, to April 10 1940 and that I last saw her alive on April 9 1940

Immediate cause of death: Angina Pectoris (acute coronary disease) — DURATION: Immediate

Due to

Due to General Arteriosclerosis — Unknown

Other conditions: Minor cerebral hemorrhage with paralysis — Jan 21 1940.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul C Van Natta M. D. ~~or other~~

Address Bennings D.C. N#1 Date signed Apr. 10 1940.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 9 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04439

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 7 - 7 - 8

Stay in this community (yrs., or mos., or days): 2 - 7 - 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 506 - B. St. S. E
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Leslie Combs

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Rhoda Combs

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 14, 1896

8. AGE:

Years	Months	Days	If less than one day
44	0	3	____ hrs. ____ min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: mercantile

FATHER
12. Name: Kendrick B Combs
13. Birthplace: Virginia

MOTHER
14. Maiden name: Inkie Briggs
15. Birthplace: Virginia

16. Informant: Deceased & Hosp. Records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 4 - 18 - 40 (month) (day) (year)

Cemetery or crematory

Location: Washington D. C.

18. Funeral director: W. W. Chambers

Address: 517 - 11th St. S. E.

19. 4/15 1940 (Date rec'd by registrar) Leo V. Clemente M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1940, at 2:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9 1932, to April 17 1940, and that I last saw him alive on April 17, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 7 yrs 9 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: 4/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04440

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mo 28 days

Stay in this community (yrs., or mos., or days): 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~509 4th St. N.W.~~ District of Columbia County:

City or town: Washington, D.C. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 509 4th St N.W
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Elaine B Cook

3. (b) Social Security Number: 579-14-9696 ~~None~~

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Arthur Cook

6 (c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): March 13, 1913

8. AGE:

Years	Months	Days	If less than one day
27	0	28	____ hrs. ____ min.

9. Birthplace: Mt. Hope W. Va
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Office

FATHER
12. Name: Emmett Brown
13. Birthplace: ?

MOTHER
14. Maiden name: Grace Allen
15. Birthplace: ?

16. Informant: Hospital record

Address:

17. Removal to (Burial, cremation, or removal. Which?) Date thereof: April 10, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: W. W. Chamberlain Co

Address: 1400 Chapin St N.W.

19. April 10 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10 1940, at 5:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13 1939, to April 10 1940, and that I last saw her alive on April 10 1940.

Immediate cause of death	DURATION
Pulmonary tuberculosis	6 yrs
Tuberculous Empyema	6 yrs
Due to	
Due to	
Other conditions: Right cardiac failure	1 day

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Caseous pneumonia, Empyema

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed:

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (149)

CERTIFICATE OF DEATH

04441

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

1. PLACE OF DEATH:

County Prince Georges

City or town Beltsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sunny Side Crossing

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State None definite County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Crowley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40			hrs. min.

9. Birthplace Not known (Town, county, and state)

10. Usual occupation Hobo

11. Industry or business

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Federal Bureau of Investigation

Address Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 19 1940 (month) (day) (year)

Cemetery or crematory Methodist Cemetery

Location Bladensburg Md

18. Funeral director F Gaskie Sons

Address Hyattsville Md

19. Apr. 26 1940 (Date rec'd by registrar) J Wm Norris LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death	DURATION
Hemorrhage & Shock	
Crushed Chest	
Traumatic Amputation	
Due to Dr. legs arms at shoulder	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4-19-40

Where did injury occur? Beltsville (City or town) Pr Geo (County) Md (State)

Injured at home, farm, industry, public place (where?) Railroad track.

Means of injury Fell from car Injured at work? no

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md Date signed 4-24-40

RECEIVED
MAY 6 1940
BUREAU V. S.

04442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges

City or town Capitol Heights, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 702 Central Ave

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Capitol Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 702 Central Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Charles Francis Crown

3 (b) Social Security Number 214-03-6586

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Blanche Mahler Crown

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 20 1883.

8. AGE: Years 57 Months 1 Days 14 If less than one day ____ hrs. ____ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Baker

11. Industry or business Last Employed Forestville Bakery

FATHER
12. Name Joseph Henry Crown
13. Birthplace Washington D.C.

MOTHER
14. Maiden name Mary Frances Grubb.
15. Birthplace Waterford, Va.

16. Informant Blanche Mahler Crown
Address 702 Central Ave Capitol Heights, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4/4/1940 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director The S. H. Hines Co.
Address 2901-14th St. N.W. D.C.

19. 4-4 1940 Irene A. Conner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 1 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to April 4 1940, and that I last saw him alive on April 4 1940.

Immediate cause of death Cerebral Hemorrhage with Left Side Paralysis.

Due to Chronic interstitial nephritis

Due to General Arterio-Sclerosis.

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy — none —

DURATION
7 hours.
unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Paul C Van Natta M. D. ~~or other~~

Address Bennings D.C. R#1 Date signed 4/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 7 1940
BUREAU V. S.

04443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170a

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges - Md

City or town Hyattsville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 716 Dahlia St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Frances B. Dickenson

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Charles H. Dickenson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7 - 1918

8. AGE:

Years	Months	Days	If less than one day
21	6	0	hrs. min.

9. Birthplace Wash. D.C. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Samuel A. Coleman

13. Birthplace D.C

MOTHER 14. Maiden name Lillian Bond

15. Birthplace Canada

16. Informant Mrs. Helen P. Carter

Address 5922 - 13th st. N.W. - Sister

17. removals (Burial, cremation, or removal. Which?) Date thereof Apr. 7 1940 (month) (day) (year)

Cemetery or crematory 1400 Chapin St N.W.

Location Washington D.C.

18. Funeral director W. N. Chambers

Address 1400 Chapin St N.W.

19. April 7 1940 Mrs. Jas. Severe Deputy Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Hemorrhage and shock

Due to crushed pelvis and chest.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4-7-40

Where did injury occur? Hyattsville Pr. Ge. Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Railroad tracks

Means of injury Passenger in a car Injured at work? no

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 4-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04444

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 5 mos - 3 days.
Stay in this community (yrs., or mos., or days) Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County D. C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 908 Fourth St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jesse L. Edwards

3. (b) Social Security Number None -

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9- 1921

8. AGE: Years 19 | Months | Days 5 | If less than one day hrs. min.

9. Birthplace Washington D.C.
(town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Lewis Edwards
13. Birthplace Chapel Hill N.C.

MOTHER
14. Maiden name Sweetie Gorge
15. Birthplace Mecklenburg Va.

16. Informant Deceased.
Address

17. (Burial, cremation, or removal. Which?) Date thereof 4/17/40 (month) (day) (year)

Cemetery or crematory Lincoln Mem.

Location

18. Funeral director H. Ernest Lewis
Address 1432 Fenn St. N.W.

19. April 14 19 40 Leo V. Winnida M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1940, at 69 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/11 1939, to 4/14 1940, and that I last saw him alive on 4/14 - 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	5 Months
Due to	
Due to	
Other conditions None -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04445

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Beantsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days) 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1445 Spring Rd NW

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Violetta Feiber

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George E Feiber

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 13, 1892

8. AGE: Years 47 | Months 11 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Northampton, Mass.

(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home

FATHER 12. Name Thomas Martin

13. Birthplace England

MOTHER 14. Maiden name Anna Burgley

15. Birthplace England

16. Informant Geo E Feiber

Address 1445 Spring Rd NW

17. Removal Date thereof 4/10/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington, D. C.

Location

18. Funeral director The S. P. Kuper Co

Address 2901-14th St. N.W. D. C.

19. April 10 1940 Mrs. Jas. Severe

(Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause of death Asphyxia	
Due to Hanging	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 4-10-40

Where did injury occur? Beantsville Prince George Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Sanatorium

Means of injury Hanging Injured at work? No

23. SIGNATURE James J. Ford M. D. or other

Address Forestville Md Date signed 4-10-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04446

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mo - 16 d.

Stay in this community (yrs., or mos., or days): 3 mo - 16 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2418 - F. St. N. W
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Alice Virginia Fields

3. (b) Social Security Number: None

4. Sex: female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 29 1918

8. AGE: Years: 21 Months: 10 Days: 17 If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business: —

FATHER
12. Name: Page D. Fields.
13. Birthplace: Norfolk Virginia

MOTHER
14. Maiden name: Alice Washington
15. Birthplace: Norfolk Virginia

16. Informant: Deceased + Hosp. Records

Address

17. Removal to
(Burial, cremation, or removal. Which?)

Date thereof: April 16 1940
(month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Allen Mc Morrow, Inc.

Address: 1326 St. N.W. Wash. D.C.

19. April 16 19 40 Leo V. Kennedy M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 16 1940, at 5 50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 - 20 - 1939, to 4 - 16 1940, and that I last saw her alive on 4 - 16 1940.

Immediate cause of death: Pulmonary Tuberculosis

DURATION: 3 yr. 6 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Pul. T.B.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: 4/16/40

RECEIVED
MAY 2 1940
BUREAU V. S.

04447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Rural Near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 yr - 2 mos. 12 days

Stay in this community (yrs., or mos., or days): same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~Md~~ D.C. County: —

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1412 - Eastern Ave N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Wm Joseph Glastetter

3. (b) Social Security Number: 184-05-4764 none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of ~~husband or~~ wife: Angela Poison

6 (c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 29-1903

8. AGE: Years: 36 Months: 10 Days: 21 If less than one day: hrs. min.

9. Birthplace: Jersey City N. J.
(Town, county, and state)

10. Usual occupation: Equipment Man

11. Industry or business: Western Union

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Deceased

Address: —

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4 (month) 24 (day) 40 (year)

Cemetery or crematory: Mont Rose Cemetery

Location: Philadelphia Pa

18. Funeral director: M. J. Ladung Sons

Address: Bowie Md

19. April 22 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1939, to April 20 1940, and that I last saw him alive on April 20 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 yrs.

Due to: —

Due to: —

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): — —

Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Pinicane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: 4/20/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. M.

04448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 7 mos. 26 dos.

Stay in this community (yrs., or mos., or days): 7 mos. 26 dos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: District of Columbia County: Columbia

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 225 Massachusetts ave., n.w.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Othello Preston Graves

3. (b) Social Security Number: 578-12-9379

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minerva Graves deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 3, 1900

8. AGE: Years 39 | Months 7 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Bottler

11. Industry or business: Soft drinks

FATHER

12. Name: Joseph E. Graves

13. Birthplace: Henderson, N.C.

MOTHER

14. Maiden name: Nellie Underwood

15. Birthplace: Washington, D.C.

16. Informant: Deceased

Address: above

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 20, 1940 (month) (day) (year)

Cemetery or crematory: Woodlawn Cemetery

Location: Washington, D.C.

18. Funeral director: Robert G. McGuire

Address: 1820 Ninth Street, N.W.

19. April 15 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18 1940, at 12 45 a.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 23 1939, to April 18 1940, and that I last saw him alive on April 18 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 10 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. (M. D. or other)

Address: Glenn Dale Sanatorium Date signed

Glenn Dale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: District of Columbia County: Prince Georges

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6121 - 7th Pl NW

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Leo Edward Handley

3. (b) Social Security Number: 579050319

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 28, 1919

8. AGE:

Years	Months	Days	If less than one day
20	11	8	hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business

FATHER — 12. Name: Robert F. Handley

FATHER — 13. Birthplace: Washington D.C.

MOTHER — 14. Maiden name: Genevieve Gannon

MOTHER — 15. Birthplace: Washington D.C.

16. Informant: R. F. Handley

Address: 6121 - 7th Pl. NW D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof April 7, 1940 (month) (day) (year)

Cemetery or crematory: Washington D.C.

Location: Washington D.C.

18. Funeral director: T. Gaeds Sons

Address: Hyattsville Md

19. April 7 1940 (Date rec'd by registrar) Mrs Jas Revere Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1940, at 12:54 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Hemorrhage and Shock	
Due to Crushed Chest and Crushed pelvis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 4-7-40

Where did injury occur? Hyattsville (City or town) Prince Georges (County) Md (State)

Injured at home, farm, industry, public place (where?): Railroad Crossing

Means of injury: Automobile Injured at work? Yes

23. SIGNATURE: James V. Bond M. D. or other

Address: Hyattsville Md Date signed 4-12-40

RECEIVED
MAY 2 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04450

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Allentown Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Anacostia D.C. R#4

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Henry Harrison

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. If single, married, widowed, or divorced
M	W	Widowed.

6 (b) Name of husband or wife: Sally E. Hanson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 1, 1885

8. AGE: Years	Months	Days	If less than one day
54	8	20	hrs. min.

9. Birthplace: Petersburg Va (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER — 12. Name: Wallace W. Hanson

FATHER — 13. Birthplace: Va

MOTHER — 14. Maiden name: ?

MOTHER — 15. Birthplace: Va

16. Informant: James W. Hanson

Address: Allentown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-22-40 (month) (day) (year)

Cemetery or crematory: Washington National

Location: Suitland Md

18. Funeral director: Deal Funeral Home

Address: 4812 Ga ave Wash D.C.

19. 4/22/40 19 (Date rec'd by registrar) Harvey E. Kyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1940 at 10:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1940 to April 21 1940 and that I last saw him alive on April 21 1940

	DURATION
Immediate cause of death: Bronchopneumonia	Apr 16, 1940 5 days.
Due to: unknown	
Cerebral Hemorrhage	18 days.
Due to: General Arterio Sclerosis	Unknown
Other conditions: Chronic myocarditis with irregular and enlarged heart (Include pregnancy within 3 months of death)	Unknown

Major findings:

20 operations: —

20 autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work?

23. SIGNATURE: Paul C Van Natta M.D.

M. D. or other

Address: Bennings D.C. R#1 Date signed: Apr 21 1940.

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04451

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 mos 9 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State DC. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 418, B. ST S.E
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR None

3. (a) FULL NAME Henry Hewson

3. (b) Social Security Number Not Given

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

B (b) Name of husband or wife Lucy Hewson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30th 1866

8. AGE:

Years	Months	Days	If less than one day
73	9	24	hrs. min.

9. Birthplace Charlotte Hall (town, county, and state) Md
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name John Hewson
13. Birthplace Charlotte Hall, Md

MOTHER
14. Maiden name Mary
15. Birthplace Charlotte Hall, Md

16. Informant Record
Address 418. B. ST. S.E Washington DC

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4/25/40 (month) (day) (year)
Cemetery or crematory
Location Washington DC.

18. Funeral director E Eugene Dant
Address 1300 S. Capitol St

19. April 25 1940 (Date rec'd by registrar) L V Allen M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1940, at 9:35 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 3rd 1940, to April 24th 1940
and that I last saw him alive on April 24th 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04452

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince Georges
City or town Rural Near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 5 mo - 1 day
Stay in this community (yrs., or mos., or days) 5 mo - 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 214 B. 1/2 Street S.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Adeline Johnson

3. (b) Social Security Number None

4. Sex female
5. Color or race colored
6. (a) Single, married, widowed, or divorced Separated
6 (b) Name of husband or wife William Johnson
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Oct. 2, 1900

8. AGE: Years 39 Months 7 Days 2 If less than one day ____ hrs. ____ min.

9. Birthplace Charles Town, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —
FATHER 12. Name William Bowen
13. Birthplace Md.
MOTHER 14. Maiden name Alice Cooper
15. Birthplace Md.
16. Informant Deceased and Hospital Records
Address
17. Removal to (Burial, cremation, or removal. Which?) Date thereof April 4, 1940 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.
16. Funeral director Theodore Matthews
Address 614 - 4th St S.W.
19. April 4 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 4 1940, at 5 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 3 1939, to Apr. 4 1940, and that I last saw her alive on Apr. 4, 1940.
Immediate cause of death Pulmonary Tuberculosis — DURATION 2 years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pul. Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04453

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 2 mos. 12 days (12)
Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 708-4th St. N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Annie Jones

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband ~~or wife~~ Albert Jones

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 17-1892

8. AGE: Years 48 | Months 1 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Dudley md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Bruce Hawkins
13. Birthplace Dudley md.

MOTHER 14. Maiden name Mary Pinckney
15. Birthplace Dudley md

16. Informant Husband
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4-29-40 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director Jarvis & Murray
Address 2106-12th Street, N.W.

19. April 29 1940 Leo V. Kilmeade M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1940, at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/16 1940, to 4/28 1940, and that I last saw her alive on 4/28 1940.

Immediate cause of death Pulmonary Tuberculosis — DURATION 2 yrs.

Due to —

Due to —

Other conditions none —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other

Address Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-a

04454

CERTIFICATE OF DEATH

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Greenbelt Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 20 D Ridge Road
Stay in hospital or inst. (yrs., or mos., or days): one Day
Stay in this community (yrs., or mos., or days): one Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Greenbelt Ward No.: Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 6 D Crescent Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Infant Kincheloe

3. (b) Social Security Number: Infant

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Infant

6 (b) Name of husband or wife: Rev. Robert Kincheloe
Father
6(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): April 5, 1940

8. AGE: Years | Months | Days | If less than one day: 17 hrs. 30 min.

9. Birthplace: Greenbelt (Prince Georges) Maryland
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Robert Lee Kincheloe
13. Birthplace: Clarksburg West Virginia

MOTHER
14. Maiden name: Jane Catherine Wemhoff
15. Birthplace: Buffalo New York

16. Informant: Robert Lee Kincheloe
Address: 6 D Crescent Road Greenbelt Md.

17. (Burial, cremation, or removal. Which?) Date thereof: April 7 1940 (month) (day) (year)
Cemetery or crematory:
Location: Local disposal

18. Funeral director: Jas W. Stitt
Address: Greenbelt Md.

19. April 6 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/5/1940 to 4/5/1940 and that I last saw him alive on 4/5/1940

Immediate cause of death	Intra-cranial Hemorrhage	DURATION
Due to		
Due to		
Other conditions	Atelectasis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jas W. Stitt M.D.
M. D. or other
Address: Greenbelt, Md. Date signed: 4/6/40

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04455

131-61

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 242

Village or City Hillside No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Farrow If U. S. Veteran, specify WAR

(a) Residence: No. 1 St. and Chewton Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unk.

6. DATE OF BIRTH (month, day, and year): Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Tile setter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Chas. W. Parker.

(Address) 202-61 st Capt Hgts md

18. BURIAL, CREMATION, OR REMOVAL

Place Bank Nate Md Date 4-27, 1940

19. UNDERTAKER W W Chambers.

(Address) 517-11 st SE. Wash DC

20. FILED 4/27, 1940 Irene A. Conner

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date sleted above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

	Date of onset
Cardio-vascular renal disease	
Other Contributory Causes of importance:	
Acute congestive heart failure	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) James F. Boyd M. D.

(Address) Forestville Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04456

CERTIFICATE OF DEATH

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges Co.

City or town: Boulevard Heights

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4418 - Kingston ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Daniel L Little

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Lillie M. Little — 6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 14 - 1879?

8. AGE:

Years	Months	Days	If less than one day
61 yrs?			hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Fireman

11. Industry or business: Potomac Electric Power Co.

FATHER — 12. Name: Daniel L. Little

FATHER — 13. Birthplace: Washington, D.C.

MOTHER — 14. Maiden name: Carrie Newbirk

MOTHER — 15. Birthplace: Pa.

16. Informant: Mrs Lillie M. Little

Address: 4418 - Kingston ave Boulevard Heights

17. Burial (Burial, cremation, or removal, Which?) Date thereof 4-13 40 (month) (day) (year)

Cemetery or crematory: Arlington nat.

Location: arlington Va.

18. Funeral director: Thomas F. Murray

Address: 2007 - Nichols ave S E

19 April 10 1940 (Date rec'd by registrar) L-D Mineau Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 10 1940, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1940 to April 10 1940, and that I last saw h alive on April 10 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	2 hours
Due to: Coronary Arteriosclerosis	5 days +
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: James C. Cawood M.D. (M.D. or other)

Address: 522 Penna Ave. S.E. Wash D.C. Date signed 4/10/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04457

Reg. Dist. No. 238

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Prince George

City or town: Oxen Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R 4 Anacostia, D.C. Box 443

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Oxen Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R4 Anacostia, D.C. Box 443

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Marshall

3. (b) Social Security Number:

4. Sex: ✓ Unknown

5. Color or race: col.

6. (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 22, 1940

8. AGE: Years | Months: 2 | Days | If less than one day: hrs. min.

9. Birthplace: Oxen Hill, Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business: —

FATHER

12. Name: Nasie Marshall

13. Birthplace: Oxen Hill, Md.

MOTHER

14. Maiden name: Mary Isabella Johnson

15. Birthplace: Oxen Hill, Md.

16. Informant: Amanda Jackson

Address: Clinton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 22-40 (month) (day) (year)

Cemetery or crematory: Marshall's Farm

Location: Oxon Hill Md.

18. Funeral director: Nasie Marshall

Address: Oxon Hill Md.

19. 5/13 (Date rec'd by registrar) 1940 Harvey E Eyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 22 1940, at 2A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

	DURATION
Immediate cause of death: stillborn	
Due to:	
Due to:	
Other conditions: 3 Months	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

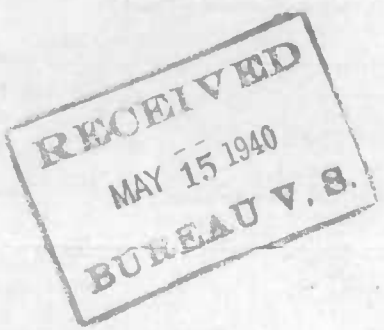
Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Sign Harvey E Eyles Registrar M. D., or other

Address: Camp Spring, Md. Date signed: 5/14/40

Stillb.



STATE OF MARYLAND—CERTIFICATE OF DEATH

04458

243

(M) (S) (B)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince George's Registration Dist. No.

Village or City Bowie R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillbirth Mayr If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillbirth

6. DATE OF BIRTH (month, day, and year) April 18 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Stillbirth			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bowie R.F.D. (State or country) Md

FATHER

13. NAME Adolph L. Mayr

14. BIRTHPLACE (city or town) Chesterfield (State or country) Md

MOTHER

15. MAIDEN NAME Alice A. Cole

16. BIRTHPLACE (city or town) Cambrill (State or country) Md

17. INFORMANT Adolph L. Mayr (Address) Bowie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER (Address)

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Stillbirth, 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillbirth	

Other Contributory Causes of importance:

Stillbirth	

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Unknown.

If so, specify

(Signed) James E. Tasser M. D.

(Address) Upper Marlboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

CERTIFICATE OF DEATH

04459

Reg. Dist. No. 237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Agnesco

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Agnesco Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ellen Moreland

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife John T. Moreland

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 11, 1857

8. AGE:

Years	Months	Days	If less than one day
82	8	12	____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name John Contee

FATHER 13. Birthplace Md

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace "

16. Informant Guy Moreland

Address Agnesco Md

17. ____ (Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory Byantown Church Cemetery

Location Byantown Md.

18. Funeral director A. D. Gaines

Address Agnesco Md.

19. April 26th 1940 Henry B. Contee

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Cardio Vascular	
Due to Renal Disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Ford M. D. or other

Address Forestville Md Date signed 4-26-40

RECEIVED
MAY 10 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04460

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4mo 15 days

Stay in this community (yrs., or mos., or days): 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1661 Park Road N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Jerry H. Myers

3. (b) Social Security Number: 577-03-7449

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

8 (b) Name of husband or wife: Mary Myers

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 16, 1906

8. AGE:

Years	Months	Days	If less than one day
33	4	12	hrs. min.

9. Birthplace: Atlanta, Ga (Town, county, and state)

10. Usual occupation: Porter

11. Industry or business: Shoe store

FATHER 12. Name: Unknown

FATHER 13. Birthplace:

MOTHER 14. Maiden name: Sarah Myers

MOTHER 15. Birthplace: Texas

16. Informant: Hospital record

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1 1940 (month) (day) (year)

Cemetery or crematory: Suitland

Location: Prince Georges County, Md.

18. Funeral director: M. I. Malvan

Address: 424 R. Street N.W. Washington, D.C.

19. April 29 1940 (Date rec'd by registrar) Lee V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 19 40, at 9:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 18 1939, to April 28 1940, and that I last saw him alive on April 28 1940.

	DURATION
Immediate cause of death: Pulmonary hemorrhage	10 min
Pulmonary tuberculosis	6 mo.
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: Glenn Dale Md.

RECEIVED
MAY 2 1940
BUREAU V. S.

04461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170-a

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6338 Piney Branch Rd NW

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Lorenza Earl Nealis

3. (b) Social Security Number 578-12-5704

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1914

8. AGE: Years 25 | Months 5 | Days 17 | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Plumber

11. Industry or business

FATHER

12. Name James W. Nealis

13. Birthplace W. Va.

MOTHER

14. Maiden name Mary Cromwell

15. Birthplace Va.

16. Informant Mrs. James W. Nealis

Address 6338 Piney Branch Road

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4-7-40 (month) (day) (year)

Cemetery or crematory

Location Silver Springs, Md.

18. Funeral director F. Gasch's Sons

Address Hyattsville, Md.

19. April 7 1940 (Date rec'd by registrar) Mrs Jas. Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 12:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death: Hemorrhage and shock

Due to Crushed pelvis and chest,

Due to

Other conditions Compound fracture right tibia and fibula. Fractured skull

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4-7-40

Where did injury occur? Hyattsville (City or town) Pr Geo Co (County) Md (State)

Injured at home, farm, industry, public place (where?) Grade crossing

Means of injury Injured at work? Hit engine in car struck by train

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 4-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04462

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince George
City or town: Riverdale, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital or institution~~: 601 Balto. Blvd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pr. Geo.
City or town: River dale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 601 Balto. Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Mary E. Prott

3. (b) Social Security Number: NONE.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED.

6 (b) Name of husband or wife: FRANK J. PROTT
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): MAY 20, 1859

8. AGE: Years	Months	Days	If less than one day
80	11	8	____ hrs. ____ min.

9. Birthplace: WASHINGTON, D. C.
(Town, county, and state)
10. Usual occupation: NONE
11. Industry or business

FATHER
12. Name: HENRY KOCH
13. Birthplace: GERMANY

MOTHER
14. Maiden name: JOSEPHINE HEROLD
15. Birthplace: GERMANY

16. Informant: Josephine M. Kneesi
Address: Riverdale, Md. (Same as above)

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-30-40 (month) (day) (year)
Cemetery or crematory: St. MARY'S
Location: WASHINGTON, D. C.

18. Funeral director: E. GASCH'S SONS
Address: HYATTSVILLE, Md.

19. April 29th 1940 (Date rec'd by registrar) Mrs. Jas. Severe Registrar
Deputy Clerk

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 1940 at 3:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7 1940 to April 28 1940, and that I last saw her alive on April 27 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 days
Due to Hypertension & Arteriosclerosis	Known 6 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Wendell C. Malin, MD
M. D. or other
Address: Riverdale Md Date signed 4/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

04463

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: Prince Georges Co
County
City or town Upper Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince Georges
City or town Upper Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William D. Quander

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	Col	Widower

6 (b) Name of husband or wife Mary E. Quander
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29 1869

8. AGE: Years	Months	Days	If less than one day
70	5	7	hrs. min.

9. Birthplace Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John H. Quander
13. Birthplace Md.
MOTHER 14. Maiden name Henrietta Tilghman
15. Birthplace Md.
16. Informant Mrs. Henrietta Wall
Address Upper Marlboro, Md
17. Burial Date thereof 4-9-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt. Carmel Country
Location Upper Marlboro, Md
18. Funeral director Robert G. McGuire
Address 1820-9th St. NW Wash. DC
19. April 8 1940 [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 3-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7 1940 to April 6 1940, and that I last saw him alive on April 6 1940.

Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
Other conditions Influenza
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

DURATION
Intermittent
Feb 18

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Reverdy Sasscer
M. D. or other
Address Upper Marlboro Md Date signed 4/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 12 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04464

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George's (46P) Registration Dist. No. 232

Village or City Upper Marlboro No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 11 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Amelia Annette Rawlings If U. S. Veteran, specify WAR ____

(a) Residence: No. Upper Marlboro Md St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ William Robert Rawlings

6. DATE OF BIRTH (month, day, and year) June 25 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) Oct 1 1939

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) Nottingham (State or country) Md

FATHER

13. NAME Llewellyn Watson

14. BIRTHPLACE (city or town) Woodville (State or country) Md

MOTHER

15. MAIDEN NAME Mary Virginia Walker

16. BIRTHPLACE (city or town) Fairfax (State or country) Va

17. INFORMANT (Address) Wallace B. Rawlings Upper Marlboro, Md

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Naylor, Md. Date 4/24 1940

19. UNDERTAKER Tilden Brothers (Address) Upper Marlboro, Md.

20. FILED April 23, 1940 Louise Garth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 21 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1939, to April 21, 1940

I last saw her alive on April 20, 1940; death is said to have occurred on the date stated above, at 8:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1938

Other Contributory Causes of importance:

Influenza	1937
Secondary Anemia	1939

Name of operation None Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19—

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury None

Nature of injury ~

24. Was disease or injury in eny wey related to occupation of deceased? No

If so, specify ____

(Signed) James E. Farmer M. D.

(Address) Upper Marlboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 6 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04465

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (94a)

County Prince Georges Registration Dist. No. 246

Village or City Brentwood, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel B Reidy

(a) Residence: No. 3741 Campbell St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Reidy

6. DATE OF BIRTH (month, day, and year) Dec 29, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Mary's County (State or country) Md

FATHER

13. NAME George Reidy

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary S Salthon

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mildred Campbell (Address) 3741 Campbell St. Brentwood, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Apr. 24, 1940

19. UNDERTAKER J. Arthur Hartleys (Address) 254 Carroll St. Wash. D.C.

20. FILED 4/24, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 24 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from on April 23, 1940 to April 24, 1940

I last saw him alive on April 23, 1940; death is said to have occurred on the date stated above, at 3 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4-21

Other Contributory Causes of Importance:

Name of operation None Date of —

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. E. Morris M. D.

(Address) 35 N Y Ave N E

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163 O)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Cottage City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 47 Central Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Cottage City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 47 Central Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Robert Charles Schoenborn

3. (b) Social Security Number No

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Schoenborn

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec 1854

8. AGE: Years 85 Months 4 Days 2 If less than one day ____ hrs. ____ min.

9. Birthplace Washington DC
(Town, county, and state)

10. Usual occupation Retired Instrument Maker

11. Industry or business U.S. Govt.

FATHER
12. Name unknown
13. Birthplace " "

MOTHER
14. Maiden name " "
15. Birthplace " "

16. Informant Arthur G. Mills
Address 118 Cedar Lane, Bethesda Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 10/40 (month) (day) (year)

Cemetery or crematory Prospect Hill

Location Washington D.C.

18. Funeral director F. Gasch's Sons

Address Kyattsville Md

19. April 10 1940 Mrs Jas. Sievers Deputy Registrar
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 2:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Carbon monoxide poisoning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 4-6-40

Where did injury occur? Cottage City (City or town) Pr Geo. (County) Md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Turned on gas Injured at work? No

23. SIGNATURE James S. Boyd M. D. or other

Address Forestville Md Date signed 4-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04467

Reg. Dist. No. 2 4 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges Co

City or town: Bowie Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 309 K st N. E. Washington D C.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: 309 K st NE Washington D C County:

City or town: Washington D C Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 309 K st N.E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Edward A. Smith

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Elizabeth Smith

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): March 26, 1884

8. AGE: Years	Months	Days	If less than one day
56 yrs.		7	hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Retired Fireman

11. Industry or business: Washington D C

FATHER 12. Name: Peter A. Smith.

13. Birthplace: unknown

MOTHER 14. Maiden name: Hannah McCann

15. Birthplace: unknown

16. Informant: Edward E. Smith

Address: 309 K st N.E. Washington D.C

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Apr 2, 1940 (month) (day) (year)

Cemetery or crematory: Washington D C.

Location: Washington D.C.

18. Funeral director: F Gasch's Sons

Address: Hyattsville Md

19. 4/3 (Date rec'd by registrar) 1940 W L Todd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 2, 1940, at 1145 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---19---, to ---19---, and that I last saw h---alive on ---19---.

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Myocardosis.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James D. Boyd M. D. or other

Address: Hyattsville Md Date signed: 4-2-40

RECEIVED
APR 25 1940
BUREAU V. S.

04468

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170-a

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D. C. County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6124 - 7th St NW

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josephine Smith

3. (b) Social Security Number 577-10-3091

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1917

8. AGE: Years 22 Months 9 Days 11 If less than one day hrs. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual occupation Waitress

11. Industry or business

FATHER
12. Name Oliver J. Smith
13. Birthplace Kentucky

MOTHER
14. Maiden name Evelyn Beech
15. Birthplace Kentucky

16. Informant Oliver Smith

Address 6124 - 7th St NW DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-9-40 (month) (day) (year)

Cemetery or crematory FORT LINCOLN

Location Prince George Co. Md

18. Funeral director F. Gasch's Sons.

Address Hyattsville, Md.

19. April 9th 1940 (Date rec'd by registrar) Mrs. Jas Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Hemorrhage and shock

DURATION

Due to Fractured first and second cervical vertebrae

Due to Crushed chest

Fracture of base of skull

Other conditions Fracture of left tibia and fibula

Compound fracture of right tibia and fibula

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4-7-40

Where did injury occur? Hyattsville (City or town) Pr. Geo (County) Md (State)

Injured at home, farm, industry, public place (where?) grade crossing

Means of injury Injured at work? Hit by train

23. SIGNATURE James S. Boyd M. D. or other

Address Forestville Md Date signed 4-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

04469

CERTIFICATE OF DEATH

Reg. Dist. No. 276

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Prince George

City or town: Mt. Rainier
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3809 - 30th St. (Residence)

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 7 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Mt. Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3809 - 30th St.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret Theresa Storm

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single.

8 (b) Name of husband or wife:

8 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 11 - 1867

8. AGE:

Years	Months	Days	If less than one day
72	3	29	hrs. min.

9. Birthplace: Hoboken, N. J.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: Christian Frederick Storm

13. Birthplace: Elberfeld Prussia, Germany

MOTHER

14. Maiden name: Maggie Sophia Storm

15. Birthplace: Philadelphia, Pa.

16. Informant: C. Louise Medley.

Address: 3809 - 30th St, Mt. Rainier, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 17 - 40 (month) (day) (year)

Cemetery or crematory: Fort Lincoln Cemetery

Location: Wash. & Balto. Blvd, @ Distric Line, Md.

18. Funeral director: Robert E. Dailey.

Address: 2819, 18 St. N.E. Wash. D.C.

19. 4/15 19 40 (Date rec'd by registrar) Harry Nally, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 19 40, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-13 19 38, to 4-14 19 40, and that I last saw h[illegible] alive on 4-13 19 40.

Immediate cause of death	DURATION
Hypertension	5 yrs
Cardio Vascular Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [illegible] M.D.
M. D. or other

Address: 3203 Perry St. Mt Rainier Md Date signed: 4-16-40

RECEIVED
APR 24 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CB 04470

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 5 mos. 20 das
Stay in this community (yrs., or mos., or days): 2 yrs. 5 mos. 20 das

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of County: Columbia
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1831 – 14th st., n.w.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: OTis Taborn
3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jan. 18, 1924
8. AGE: Years 16 | Months 2 | Days 30 | If less than one day ____ hrs. ____ min.
9. Birthplace: North Carolina (Town, county, and state)
10. Usual occupation: none
11. Industry or business
FATHER
12. Name: Arthur Green
13. Birthplace: North Carolina
MOTHER
14. Maiden name: Rosy Taborn
15. Birthplace: North Carolina
18. Informant: deceased
Address: above
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 21, 1940 (month) (day) (year)
Cemetery or crematory: Family Cemetery
Location: Rocky Mountain, N.C.
18. Funeral director: Jarvis & Murray
Address: 2105 – 12th Street N.W.
19. April 18 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1940, at 8 50 p. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 28 1937, to April 17 1940, and that I last saw him alive on April 17 1940.
Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2½ yr.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. (M. D. or other)
Address: Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-C

04471

CERTIFICATE OF DEATH

Reg. Dist. No. 233

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town near Duley, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town near Duley, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard Henry Taymar

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Ellen M. McDaughn
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5-1861.

8. AGE: Years	Months	Days	If less than one day
79	0	20	hrs. min.

9. Birthplace Piscataway, Prince Geo., Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business "

FATHER
12. Name William H. Taymar
13. Birthplace Prince Geo. Co., Md.

MOTHER
14. Maiden name Matilda Goddard
15. Birthplace Surrattsville, Md.

18. Informant William Taymar (Son)
Address Chellenham, P. Geo. Co., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 28-40. (month) (day) (year)
Cemetery or crematory St. Thomas Episcopal
Location Croom, Md.
18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.

19. Apr 27 1940 (Date rec'd by registrar) James B. Naylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 20 1940, and that I last saw h[illegible] alive on April 24 1940.

Immediate cause of death	DURATION
(a) Cerebral Hemorrhage	1 yr
Due to	
Due to	
Other conditions Cerebral Hemorrhage	2 da

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Remedy Hansen M. D. or other
Address Upper Marlboro, Md. Date signed Apr 27 40

RECEIVED
MAY 9 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04472

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (937)

County Prince Georges Registration Dist. No. 242

Village or City Seat Pleasant No. 112-1st St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Maurice Thorne If U. S. Veteran, specify WAR

(a) Residence: No. 112-1st St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	married

5a. If married, widowed, or divorced (or) WIFE of Josephine Thorne

6. DATE OF BIRTH (month, dey, end yeer) August 16, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Printing Office

10. Date deceased last worked at this occupation (month and year) May 1933 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Friendly (State or country) Maryland.

FATHER

13. NAME John Henry Thorne

14. BIRTHPLACE (city or town) Prince Geo. County (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth A. Roland.

16. BIRTHPLACE (city or town) Prince Geo County (State or country) Maryland.

17. INFORMANT Josephine Thorne (Address) Lt. Pleasant, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington Nat. Cem. Date Apr 9, 1940

19. UNDERTAKER Deal Funeral Home (Address) 4812 Georgia ave N W

20. FILED 4-4, 1940 Jno. A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 4 (Dey) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940, to April 4, 1940

I last saw h-- alive on April 4, 1940; death is said to have occurred on the dete steted above, at 1:10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 4, 1940
Generalized arteriosclerosis with arteriosclerotic heart disease	5 years

Other Contributory Causes of importance:

Neme of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William Braunn M. D.

(Address) Capitol Heights, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

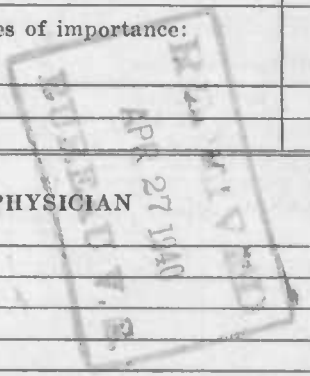
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04473

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frank Klemp

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State unknown County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME unknown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-40

8. AGE: Years	Months	Days	If less than one day
Premature	11	1 inch	fetus

hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 18 - 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Evergreen

Location Bladensburg Md

18. Funeral director J. Leach's Sons

Address Hyattsville Md.

19. Apr. 18 1940 J. Wm Wright (Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Hyattsville Md Date signed 4-16-40

MAY 6 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(B)

04474

CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Found in North West Branch of Potomac

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State not known County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME unknown

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day

Premature 7 months gestation hrs. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16. Informant

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Apr 27, 1940
(month) (day) (year)

Cemetery or crematory Evergreen

Location Bladensburg Md

18. Funeral director F. Gasch's Sons

Address Hyattsville Md

19. Apr. 26 1940
(Date rec'd by registrar)

G. Wm Norgle
LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James S. Boyd
M.D. or other

Address Forestville Md Date signed 4-23-4

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

04475

Reg. Dist. No. 2

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Prince George

City or town Bennings D.C. R#1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wallbrmill Road.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR _____

3. (a) FULL NAME William Henrey Vermillion

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Sarah Jane Pope

(Deceased) 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 12 1848

8. AGE:

Years	Months	Days	If less than one day
92	3	10	____ hrs. ____ min.

9. Birthplace Prince George Co. Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs Lottie Day.

Address Bennings D.C. R#1

17. _____ (Burial, cremation, or removal? Which?) Date thereof _____ (month) (day) (year)

Cemetery or crematory Ephrany Forestville Md.

Location _____

18. Funeral director Harry M. Padgett

Address 131-11 M.S.E. D.C.

19. April 22. 1940 (Date rec'd by registrar) Thos. H. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 11. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1. 1940 to April 22 1940

and that I last saw him alive on April 20 1940

	DURATION
Immediate cause of death Chronic Bronchial Asthma acute attack lasting	12 hrs
Due to Chronic Myocarditis with decompt	Unknown
Due to General Arteriosclerosis	Unknown
Other conditions Fell out of bed about 2 P.M. April 21st Contusion about left eye.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of _____

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury — Injured at work? —

23. SIGNATURE Paul C Van Natta M. D.

Address Bennings D.C. R#1 Date signed 4/22/40

Phoned Dr Boyd. — Discussed case by phone with Coroner.

RECEIVED
MAY 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04476

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 242

Village or City Bradbury Heights No. 4219 Ligation Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Windle If U. S. Veteran, specify WAR

(a) Residence: No. 4219 Ligation Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose L Windle

6. DATE OF BIRTH (month, day, and year) June 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 10 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Saint Mills Va Florida

FATHER

13. NAME William Thomas Windle

14. BIRTHPLACE (city or town) (State or country) Saint Mills Va

MOTHER

15. MAIDEN NAME Caroline Collett

16. BIRTHPLACE (city or town) (State or country) Saint Mills Va

17. INFORMANT Rose L Windle (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Union Forge Va Date , 19

19. UNDERTAKER V. L. Delfinger (Address) Woodstock Va

20. FILED 4-20-, 1940 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 20 (Day) , 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1940, to April 20, 1940

I last saw him alive on Dearborn arrival, 19 ; death is said to have occurred on the date stated above, at 3:10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4 years
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Brannin M. D.

(Address) Capitol Heights, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Colored Patient has been under the care of Dr. Mulay of Bradbury Heights for pulmonary tuberculosis. Consult was called & autopsy permitted OK. Dr Brinninstool

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (108)

04477

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:
County: Prince Georges
City or town: Greenbelt
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 21 C Ridge Road
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 5 months; 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges.
City or town: Greenbelt Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 21 C Ridge Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Janet Sue Wiram

3. (b) Social Security Number: —

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
8 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): November 12, 1939

8. AGE: Years: — Months: 5 Days: 5 If less than one day: — hrs. — min.

9. Birthplace: Greenbelt (Prince Georges) Md.
(Town, county, and state)
10. Usual occupation: Infant
11. Industry or business:
FATHER
12. Name: Kenneth Charles Wiram
13. Birthplace: Brazil, Indiana
MOTHER
14. Maiden name: Margaret Lois Terry
15. Birthplace: Worthington, Indiana
16. Informant: Mr. Kenneth C. Wiram
Address: 21 C Ridge Rd. Greenbelt, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 18, 1940 (month) (day) (year)
Cemetery ~~or crematory~~: Greenbelt
Location: Greenbelt, Md.
18. Funeral director: Warner E. Pumphrey
Address: Silver Spring, Md.
19. April-18-1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1940, at 10 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from birth - Nov 12 1939, to April 17 1940, and that I last saw her alive on April 17 1940.

Immediate cause of death: Pneumonia RUL, RLL, LLL
Empyema - rt.
Due to: Organism not yet identified.
Labor pneumonia. Duration: 3 days.
Due to: C.W.G.R.
Other conditions: Recto-vaginal fistula
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: 2 days; 1 day; 5 months.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Joseph Silagyi M.D. M. D. or other
Address: Greenbelt, Maryland Date signed: 4.17.40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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